

**Superintendent Horne's Arts Education Initiative**  
**Participating CSR School Sites Update Form**  
 September, 2004

*Please ask the main contact for your site's CSR Arts Education Initiative to fill out this form. This may be a lead teacher or administrator for the project.*


**Updated Contact Information**

|                                 |  |
|---------------------------------|--|
| Name of School:                 | School CTDS:   |
| School Administrator/Principal: | Main School Contact for Arts Education Initiative:           |
| Technical Assistance Provider:  | Contact's Phone:   |
|                                 | Contact's E-mail:  |
|                                 | Contact's Position at the school (e.g. visual arts teacher): |

**Project Summary**

Please provide the ADE with a *brief* project summary. Please note any changes between what you are doing currently and what you originally set out in your application for the initiative.

**Project Participants**

|   |   |
|---|---|
| Grades of participating students  |   |
| Number of participating teachers  |   |
| Number of participating students  |   |
| Are any students participating on a semester/quarterly schedule (e.g. new students working with arts integration in the spring)?                            | ___ Yes<br>___ No   |
| If yes, when will students enter/exit the integration project(s)?   | Begin:                      End:  |
| How often are students involved in arts education integration activities?   | Average number of days per week:<br>Average number of minutes per day:                                |
| Do all participating students at the same grade level receive the same instruction? (same instructor, same curriculum, same number of artistic experiences) |  ___ Yes<br>___ No |
| Please describe   |   |



## **Project Timeline**

Please provide the ADE with a brief project timeline. Highlight any changes in student participation, instruction in terms of students' participation and major activities. (100 words or less)

## **Project Strengths**

Please share current project strengths and successes during implementation. This can include highlights from professional development or student implementation activities.

## **Recommendations to ADE**

Please share any recommendations you may have about program implementation. (What worked? What didn't work?)

Return completed form via e-mail to Pat Conrow at [pconrow@ade.az.gov](mailto:pconrow@ade.az.gov) or via FAX, attention Pat Conrow at 602/542-3100. **The Update Form is due no later than Monday, November 1, 2004**